



SENIOR AND DISABLED REAL ESTATE TAX RELIEF APPLICATION

Real Estate Account number as it appears on bill # _____

Marital Status

- ☐ Married
☐ Single
☐ Separated
☐ Divorced
☐ Widowed

Name of Applicant Owner (Last, First, Middle) Social Security # Date of Birth

Name of Spouse (Last, First, Middle) Social Security # Date of Birth

Property Address _____ Telephone Number _____
 Number Street Zip Code

Mailing Address _____
 Number Street City Zip Code

- Do you live in the home? ☐ Yes ☐ No If no, list address _____
- Does anyone else live in the home? ☐ Yes ☐ No
- Have you been determined disabled? ☐ Yes ☐ No If yes, by whom? _____
- List all related person(s) living in the home, including children: (proof of 2014 income must be provided).

	Name	Social Security #	Relationship to Owner	Date of Birth
Relative 1				
Relative 2				
Relative 3				

- Do the property owners own any other Real Estate? ☐ Yes ☐ No
 If so, list address and provide current annual assessment.

- Did the owners file a 2014 Federal Income Tax Return? ☐ Yes ☐ No
 If yes, you must furnish a copy

- Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No

- If a mortgage company collects payment of your Real Estate Taxes, please provide the following:

Name _____ Address _____ Loan # _____

Election of Tax Relief options. Answer both questions.

- For those who qualify with income less than \$28,611, 100% of the taxes are exempt on the first \$203,386 of the assessed value of your primary residence. If the value of your home is greater than \$203,386, do you elect to defer any remaining taxes?
☐ Yes, defer remaining taxes. ☐ No, bill the remaining taxes.

- For those who qualify with income greater than \$28,611, 80% - 20% of the taxes owed are deferred on the first \$203,386 of the assessed value of your primary residence. Taxes are billed on amounts over the \$203,386. Do you elect to defer up to the amount allowed?
☐ Yes, defer the amount of tax allowed. ☐ No, do not defer taxes, bill the entire amount owed.

Income Information: List annual gross income from all sources as of 12/31/2014 of the owner(s) and all relatives living on the property. If a 2014 federal income tax return was filed, provide a copy along with the related proof of income. If you did not file, provide other proof of income, i.e., W-2, 1099, K-1, or other verification. Proof of gross income must be provided.

Section 1 Source of Income	Owner/ Applicant	Spouse/ Co-owner	Relative 1	Relative 2	Relative 3
Social Security					
Retirement Pension (includes Military)					
Rent from Roomers/Tenants					
Interest from Bank Accounts, Bonds					
Dividends & Earnings from Stocks & Bonds					
Wages, Salaries, Bonuses, Investments					
Other Income (specify)_____					
Business Income, Capital Gains					
IRA Distribution					
Veterans and Family benefits					
Workman's Compensation/Tax Exempt Income					
Railroad Retirement Act Benefits					
Total & Percentage – Office Use	\$	%			

Section 2 – Combined Financial Worth		Owner/Applicant		Spouse/Co-Owner
Cash on hand, Checking Accounts				
Savings, IRA, Retirement Accounts				
Stocks, Bonds, & Trusts				
Certificates of Deposit, Money Market				
Other Real Estate				
Vehicles, Boat, RV, Trailers.	Year	Make	Model	Value
Vehicle 1				
Vehicle 2				
Boat/RV				
Boat/Trailer/Camper				
Total				

Note: An amount of funding is appropriated for tax relief each year. In the event that the total amount of all approved tax relief applications exceeds this amount, approved households with a 20% - 80% deferral could have a pro rata reduction as may be necessary to balance the total tax relief appropriation.

AFFIDAVIT

I certify that the statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided in the ordinance shall nullify any relief for the current taxable year and the taxable year immediately following. Any person or persons who shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00 or confinement in jail not exceeding twelve months, or both such fine and imprisonment.

Signature_____Date_____

<p>Senior and Disabled Tax Relief Location</p> <p>Park Place Multi-Service Center Department of Human Services 606 W. 29th St. Norfolk, VA 23508 Call for appointment: (757) 823-1130 Fax: (757) 664-7535</p>	<p>Mailing Address</p> <p>Workforce Development Center Department of Human Services 201 E. Little Creek Rd. Norfolk, VA 23505 Information/request application: (757) 823-1130 or (757) 664-6035</p>
---	---